

Publication

Reproductive Health at a Turning Point

**Perspectives on Innovation, Financing,
and Partnerships in a Changing World**

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FOREWORD



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In July 2025, the abrupt withdrawal of United States funding for reproductive health programs sent shockwaves across countries of the 'Global South'. The disruption is forcing governments, civil society organizations, and development partners to confront urgent questions about sustainability and self-reliance that can no longer be deferred.

Our aim is to understand what these funding cuts due to geopolitical shifts mean in practice, especially for the field of reproductive health, and what pathways are now emerging. Therefore, we spoke with 19 leaders and practitioners, including political representatives, private sector players, and civil society actors, across multiple regions, mainly on the African continent. The question at the center: what concrete role can Europe, and Germany in particular, play in this new reproductive health landscape?

This work builds on the broader mission of *Global Perspectives*. As a platform for dialogue between European and African stakeholders, we are guided by the conviction that, in an increasingly complex world, continuous dialogue across sectors and national borders is necessary to jointly develop answers to the major challenges both continents are facing.

This publication deals with the consequences of drastic cuts, examines emerging models for sustainable reproductive health financing, and highlights innovations in delivery, technology, and community-based approaches that strengthen system resilience. It also outlines new pathways for partnership between African governments, Germany, the EU, and private actors, and provides recommendations for policymakers and investors.

The challenge ahead of us is not simply to restore what was lost, but to build new systems that are more equitable and sustainable, systems that serve mutual interests rather than creating new one-sided dependencies. We hope this work contributes to that effort by providing evidence, context, and clarity.

We are grateful to all those who shared their time, expertise, and insights during the interview process. The diverse perspectives gathered throughout this work have again demonstrated the value of cross-sectoral and non-partisan exchanges, which has always been at the heart of what we do.

Africa's demographic trajectory over the next twenty-five years will reshape global labor markets, trade relationships, migration patterns, and geopolitical partnerships. Whether that transition strengthens economic growth and stability or amplifies vulnerability will depend significantly on the resilience of the continent's reproductive health systems. For Germany, the European Union, and private-sector partners, this is not a peripheral development issue. It intersects directly with long-term economic security, supply chain stability, and the foundations of future cooperation.

The abrupt withdrawal of USAID funding in 2025, alongside significant reductions in official development assistance (ODA) from the United Kingdom, Germany and France, led to the termination of long-standing reproductive health programs across multiple countries. Beyond the immediate impacts, the disruption exposed a structural weakness in the global health architecture: a system reliant on a small group of bilateral donors cannot remain stable during periods of geopolitical volatility or domestic political realignment.

Yet the contraction accelerated a transition already underway. Across the African continent, leaders in government, civil society, clinical practice and the private sector are moving away from short-term, project-dependent models toward long-term financing embedded in national budgets, regional manufacturing and diversified capital structures. This shift reflects a broader realignment towards system resilience and domestic leadership.

Community networks, digital platforms, and clinical innovations are demonstrating what becomes possible when approaches respond to real conditions and align with national priorities. In a region with a rapidly expanding working-age population, reproductive health is directly linked to education outcomes, labor force participation and household economic stability, making system resilience a strategic priority.

African governments, Germany, the European Union, and the private sector each bring complementary strengths. African governments define national priorities, shape system design, and establish the enabling environment for sustainable investment. Germany and the EU contribute experience in regulation, manufacturing partnerships, data governance and blended finance. The private sector brings logistics capacity, technology, capital, and delivery platforms that can reinforce public systems when aligned with equity and national strategies.

Effective partnership requires coordination among these actors. Emerging regional manufacturing platforms, investment in data and regulatory systems, predictable multi-year financing and blended capital arrangements all benefit from approaches that strengthen rather than fragment national and regional systems.

This publication synthesizes perspectives from leaders who have been operating across Africa, navigating this transition in real time. Their insights point toward an emerging architecture shaped less by traditional donor–recipient dynamics and more by shared strategic interest, mutual benefit and coordinated system-building. The opportunity is substantial. The costs of inaction are clear. The choices and partnerships formed now will shape not only reproductive health outcomes but the broader social and economic trajectories of the decades ahead.



The current situation has also opened doors to new actors. Emerging economies, such as the BRICS, are stepping forward. If they come with proposals of support, those doors will naturally be open. And perhaps one day the United States may say, 'It was a mistake.' But by then, it may be too late – others will already be seated at the table.

Prof. Awa Marie Coll-Seck, Chair of Galien Africa & former Senior Minister to the President of Senegal and former Minister of Health of Senegal

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There is no health security without health sovereignty.

Dr. Landry Dongmo Tsague, Director of the Center for Primary Health Care, Africa CDC

Reproductive Health at a Turning Point

Perspectives on Innovation, Financing, and Partnerships in a Changing World

SETTING THE SCENE

A Perfect Storm



In a sense, it is a perfect storm. And women [...] are at the eye of the storm. Women and girls will always be suffering the most in this situation, because it is political.

Ann Keeling, Former Senior Fellow, Women in Global Health

Funding reductions from the United Kingdom, Germany, France and other donors had already begun to weaken reproductive health programs in several countries. But the abrupt withdrawal of USAID programs in 2025 turned a gradual tightening into a full-scale collapse. Services that were already under pressure lost their primary source of support at a stroke.



The way it just happened literally overnight was quite alarming, because it did not leave much room for what would be the stopgaps for communities that were reliant on that financing.

Dr. Adaeze Oreh, Commissioner for Health, Rivers State
Ministry of Health, Port Harcourt, Nigeria

As **Dr. Abebe Shibru**, Country Director, MSI Ethiopia & Board Member, Global Family Planning 2030 observed, in some African countries up to 90% of reproductive health budgets rely on external financing. When that support disappeared, clinics closed, supply chains stalled, and services vanished abruptly. The crisis also exposed a deeper truth: the aid-dependent model was never sustainable.



It is the end of a system. Many people depended on it ... But it was never sustainable because it was always tied to political whims.

Dr. Alaa Murabit, Physician and Global Health, Security, and Development Expert

Yet the disruption created an opening.

And while the speed of the USAID withdrawal caught many systems off guard, several leaders also noted that the broader trend had been visible for years. Many organizations had already begun preparing for a world with less predictable donor funding, even if the intensity of the final shock exceeded expectations.

Across the continent, health leaders, entrepreneurs and policymakers are already moving. They are mobilizing domestic resources, attracting private capital, investing in regional manufacturing, and rebuilding systems around new models.

The question is whether African and international partners, governments and companies alike will engage strategically.



Creating opportunity out of crisis is the model at which the discussions are going on. So many years after independence, if you are still depending on other people's taxpayers' money, then you have got to start thinking, are you building your house in order?

Dr. Amit Thakker, Executive Chairman, Africa Health Business

What is required now is fundamentally different: not short-term projects, but long-term system-building; not dependency, but sovereignty; not fragmented aid cycles but coordinated investment and shared strategic interest. This shift – from temporary programs to durable systems – is central to ensuring that progress continues even as traditional aid recedes.

The convergence of financing disruption and geopolitical realignment creates urgency. Decisions made now about financing models, partnerships, and governance will shape health systems for decades. Manufacturing requires capital. Blended finance can crowd in commercial investment. Digital platforms offer scale and reach.

The window is open, but not indefinitely. Urgency is needed because the longer disruptions persist, the more complex and costly it becomes to stabilize supply chains, workforce capacity, and essential services. What is at stake is whether today's shock remains temporary or evolves into long-term setbacks that undermine women's health and national development for years to come. The cost of delay will be measured in terms of outcomes, equity, and lives.



We are at a crisis point that demands immediate action. After two decades of unprecedented progress in expanding access to contraception, safe childbirth care and essential medicines, we are witnessing a dangerous reversal. Funding cuts, geopolitical upheaval, and the dismantling of donor programs are creating life threatening gaps in care precisely when demand is surging.

Zubaida Bai, Senior Advisor and Board Member, Former President & CEO, Grameen Foundation

Purpose

The analysis draws on insights from ministers, entrepreneurs, civil society leaders, and practitioners. It identifies what is changing, where opportunities exist, and which forms of partnership can deliver tangible results.

Clarifying the following key concepts appears essential:

- **Reproductive Health and Women's Health**

Reproductive health includes essential services such as maternal health and the prevention of maternal deaths, safe delivery and postpartum care, newborn care and the prevention of newborn deaths, access to contraception, the prevention and treatment of sexually transmitted infections and protection from gender-based violence. Women's health is also the foundation of economic opportunity and human capital. When reproductive health services are accessible, girls complete their education, women participate in the workforce, and households strengthen their financial security.

- **Global South**

We are well aware that the countries of the Global South do not form a homogeneous bloc, that a differentiated approach is required, and the term itself is problematic as a broad generalization. Nevertheless, we are using it, not for geographical classification but, for a lack of convincing alternatives, in a geopolitical sense. This is particularly true, since countries of the Global South themselves use it in an emancipatory sense and because it points to fault lines in international politics.

Why This Matters: The Investment Case

Reproductive health is an economic and human infrastructure. When women and families can access family planning, maternal care and essential health services, education levels rise, workforce participation increases, and households become more resilient. The McKinsey Health Institute estimates that closing the women's health gap could add approximately one trillion dollars to global GDP each year by 2040.ⁱ

But the economic argument alone does not capture the full cost of inaction. For Germany, the European Union, and private-sector partners, Africa's rapidly expanding labor force represents a strategic opportunity. Sub-Saharan Africa's working-age population is projected to more than double by 2050,ⁱⁱ reshaping markets, labor mobility and long-term economic alignment. A healthy, educated, and economically active population strengthens trade, expands consumer markets, and contributes to regional stability. Yet none of this potential can be realized without functional, resilient health systems capable of protecting both lives and livelihoods.

Traditional partnership models based on aid flows cannot meet the demands of this transition. What is required now is clarity about interests, shared investment, and African leadership in setting priorities and creating transparency about results. This is not only a health agenda. It is a political and economic choice that will determine the continent's long-term development path and the character of future global partnerships.

The emerging model is grounded in mutual interest: Functional health systems benefit African societies and international partners who seek stability, growth and predictable markets. Health outcomes shift quickly, but the institutional consequences last for generations.

Decisions taken in this moment of disruption will determine whether Africa's demographic transition becomes a source of economic strength or a destabilizing force. Reproductive health sits at the center of this equation – not only because of its economic returns but because it determines the most fundamental outcomes: who lives, who thrives, and who can participate in building Africa's future.



The wake-up call has been sounding. But we are still comfortable. So, it is time to stop snoozing the alarm and actually take action to reform.

Dr. Githinji Gitahi, Group CEO, Amref Health Africa

The financing environment for reproductive health shifted more abruptly in 2025 than at any point in the last two decades. The closure of USAID’s health programs and simultaneous reductions in official development assistance (ODA) from the United Kingdom, Germany and France created the sharpest contraction in reproductive health funding since the early 2000s. The OECD recorded a 9% decline in net ODA in 2024, with a further 9-17% reduction projected for 2025. This is one of the first times in recent decades that these four major providers of official development assistance have reduced ODA for two straight years.

While these figures refer to overall ODA, the contraction has significant implications for health financing and the stability of reproductive health systems.ⁱⁱⁱ What destabilized health systems were not only the scale of the withdrawal but its velocity. Long-standing programs lost continuity almost immediately. The pace itself became the shock.



What is new is the speed. [...] This speed is a catalytic event for us to realign the global partnership and global development to the principles of aid effectiveness.

Dr. Githinji Gitahi, Group CEO, Amref Health Africa

Across multiple countries, procurement agreements stalled, outreach activities paused, and supply chains began to break down. Even organizations not directly funded by USAID felt the pressure as donors struggled to renew existing commitments.



Because our donors have been otherwise stretched, we have partners that will not be renewing their funding for us. These are the indirect ramifications of this whole global cut.

Umra Omar, Founder, Safari Doctors

In settings where external financing constitutes the majority of reproductive health budgets, these shocks translated immediately into disruptions in care.



For reproductive health, ninety per cent of the funding used to come from donors, and now that funding is not there. The government is struggling. The pain is coming.

Dr. Abebe Shibru, Country Director, MSI Ethiopia & Board Member, Global Family Planning 2030

These experiences reveal a structural vulnerability that predates the 2025 contraction. The Africa Centers for Disease Control and Prevention (Africa CDC) report “Africa’s Health Financing in a New Era” shows that only three African countries – Rwanda, Botswana and Cape Verde – consistently meet the Abuja Declaration¹ target of allocating 15% of national budgets to health. Most remain below 10%, leaving reproductive health systems exposed to external political cycles.^{iv}

A Shifting Geopolitical Context

Interviewees consistently linked the funding disruption to a broader geopolitical realignment. Domestic political shifts in donor countries, ideological debates, and increasing competition over other priorities, such as defense, migration management, and energy security, shaped decisions long before formal announcements. The result was not only a funding gap but the end of a familiar architecture. The contraction exposed the fragility of a system where reproductive health was positioned within a politically sensitive space, vulnerable to shifts in donor governments and often disconnected from domestic budget priorities.

What the Disruption Meant for Services and Systems

The consequences for service delivery were immediate. Clinics that had provided maternal care, contraception and community outreach struggled to maintain operations. Stockouts of essential supplies appeared quickly. Referral pathways weakened. Digital platforms used for follow-up, reporting, and health education were suspended when contracts could not be renewed. In some settings, outreach teams were halted, facilities faced sudden staff shortages and procurement for basic commodities stalled. Several interviewees described scenarios where programs that had taken years to build disappeared within weeks once external funding stopped. Women and girls experienced the impact most directly. These disruptions widened existing gender gaps and increased barriers for those already facing geographic, economic or social constraints.

¹ The Abuja Declaration is a historic pledge made in April 2001 by member states of the African Union during a summit in Abuja, Nigeria. In this agreement, African heads of state committed to allocating at least 15% of their annual national budgets to the improvement of the health sector.



There is a gender gap. Women are still lacking access. There is still a delay in getting appropriate access and in getting innovative solutions to where they are actually needed.

Dr. med Sara Nasser MRCOG, Gynecological Oncologist, Charite Comprehensive Cancer Center, Berlin/Germany & Fondazione Policlinico Gemelli IRCCS, Rome/Italy & Vice-President, Pan-Arabian Research Society of Gynecologic Oncology (PARSGO e.V.)

The cumulative impact extends beyond the immediate loss of services. Interruptions in reproductive health access affect education, workforce participation and economic security. These are the foundational elements that determine whether countries can leverage their demographic transitions. The contraction, therefore, revealed not only a health system vulnerability but a broader development vulnerability.

At a Glance – The Scale of the Challenge

- 10% decline in global health ODA (OECD 2024)
- Only three African countries meet the Abuja 15% health spending target
- 8.3 million unsafe abortions and approximately 209,000 maternal deaths due to preventable causes in Africa^v
- 43% of women in Sub-Saharan Africa have an unmet need for modern contraception^{vi}
- 40% of health facilities in Africa experience routine stockouts of essential reproductive health commodities^{vii}



The question about reproductive health and women's rights is central to economic development.

Dr. Githinji Gitahi, Group CEO, Amref Health Africa

For Africa, it is one of the most critical policy agendas.

Africa's demographic trajectory amplifies the stakes. Nearly 60% of the population is under 25. The working-age population in Sub-Saharan Africa will more than double by 2050.^{viii} Reproductive health is therefore not a peripheral social issue. It is central to the continent's ability to convert demographic growth into economic opportunity.

This is also why the 2025 contraction matters beyond the continent. For Germany and the European Union, health system trajectories in African countries intersect with labor markets, consumer growth, migration dynamics, regional stability and long-term economic alignment. Reproductive health outcomes shape broader social and economic patterns that extend across borders.

The suddenness of the 2025 shift forces a broader question: what replaces externally driven financing models? The following sections explore how African governments, regional institutions, private-sector actors, and international partners are beginning to answer that question, not with temporary fixes but with approaches aimed at building resilient and sustainable systems.

The Opportunity

- Closing the women's health gap could add one trillion dollars to global GDP each year by 2040^x
- Every dollar invested in reproductive health generates up to eight dollars in social and economic benefits globally^x
- By 2050, one in four people in the world will be African, creating an unprecedented demographic and economic opportunity



The charity model is one where we provide services for free using donor funds ... But the other channel is a social business model ... That payment is not for profit. It is for investment. So that means we do not want to totally depend on donors.

Dr. Abebe Shibru, Country Director,
MSI Ethiopia & Board Member, Global
Family Planning 2030

The disruptions of 2025 accelerated a shift that had been building for years. Reproductive health can no longer rely on short funding cycles but requires financing models that strengthen systems and support long-term resilience.

The recent events revealed how deeply reproductive health systems had been shaped by external funding cycles. When political priorities shifted, services stalled, supply chains weakened, and national programs struggled to continue. The lesson was clear. Reproductive health cannot depend on unpredictable, year-to-year funding. It requires financing models built for stability, diversification and alignment with national and regional priorities.

Across interviews with leaders, political representatives, civil society actors, and private-sector innovators, a clear consensus emerged. The future of reproductive health depends on transitioning from fragmented funding streams to a financing architecture that mobilizes domestic resources, attracts complementary forms of capital and creates incentives for performance and accountability.

From External Funding to Domestic Leadership

The donor-dependent model delivered substantial gains but created significant vulnerabilities. When funding contracted in 2025, adolescent outreach paused, maternal health services scaled back, and contraceptive stockouts increased. The speed of these disruptions demonstrated how limited domestic buffers were in many settings.

African governments are expanding domestic resource mobilization through taxation, insurance contributions, performance-based budgeting and efforts to align national plans with public spending. While progress varies across the continent, with some countries pioneering these approaches and others lagging, these measures strengthen accountability and reinforce the importance of nationally defined priorities.



If we are going to talk about sexual health and reproductive rights sustainably, then the question is how do we make it part of the national budget and part of national accountability?

Dr. Alaa Murabit, Physician and Global Health, Security, and Development Expert



Africa must take ownership of its health priorities. And those health priorities mean that we know exactly what each country needs to focus on. That is African leadership. Nobody else can do that.

Dr. Githinji Gitahi, Group CEO, Amref Health Africa

However, domestic resources alone cannot meet current needs. Fiscal space is constrained by debt levels, narrow tax bases and competing priorities across education, infrastructure and social protection.



It is not enough to think that low-income countries can rely only on their own national resources. Inequities are vast, poverty is high, and governments are trying to keep development going while facing huge resource gaps in education and finance.

Dr. Roopa Dhatt, Executive Director Emerita and Co-Founder, Women in Global Health & Assistant Clinical Professor, Stanford University



There is a vicious triangle: debt entrapment, inadequate public services, and dependency on international development funding. But this funding cannot simply be continued without reforming the international financial architecture. Governments need a real chance to restructure their economies and redirect domestic resources toward the very services that have been dependent on international development funding.

Rosebell Kagumire, Editor at AfricanFeminism.com and Co-founder of African Feminist Collective on Feminist Informed Policies (AfIP Collective)

Domestic financing must form the foundation for a broader mix that includes private capital, regional approaches and well-aligned international partnerships. For actors such as Germany, the European Union and development finance institutions, stronger domestic financing clarifies where external co-investment can reinforce long-term stability.

How Financing Shapes Health Systems

Financing is not only about resource volumes. It shapes incentives, governance and how systems function. Under the previous model, donor cycles often influenced priorities, timelines and reporting structures. This created fragmentation, administrative burden and limited opportunities for integrated planning.

A shift to a more stable financing model begins to change this political economy. It allows governments to:

- Anchor reproductive health within national budgets and development strategies
- Plan beyond annual cycles for procurement, workforce development and digital systems
- Strengthen accountability between governments and citizens
- Collaborate more effectively with private-sector, civil society and regional institutions

Reproductive health becomes part of national development planning rather than an externally driven project landscape. This supports stronger negotiation power with suppliers, clearer expectations for co-financing and more coherent long-term investment planning.

Why Reproductive Health Requires New Financing Approaches

Three structural features make reproductive health particularly vulnerable to shocks and, therefore, primarily dependent on resilient financing models:

I. Commodity dependency

A limited number of manufacturers produce contraceptives and key maternal health supplies. When external funding contracts are in place, there is no automatic market adjustment.

II. Delivery characteristics

Reproductive health depends heavily on outreach, counselling and community engagement. These are labor-intensive services that require predictable, ongoing support.

III. Political sensitivity

Reproductive health is often exposed to ideological shifts. This makes diversified and stable financing especially important.

The benefits of reproductive health materialize over decades through improved education outcomes, workforce participation and household stability. Financing models must therefore smooth volatility and incentivize long-term planning.



With a \$79 billion funding gap to meet global reproductive health needs by 2030, we need to get smarter with the money we have.

Zubaida Bai, Senior Advisor and Board Member, Former President & CEO, Grameen Foundation

Innovative finance complements domestic budgets and reduces reliance on short-term donor cycles. It mobilizes new capital, aligns incentives and supports scale.

Key mechanisms include:

- Blended finance to support supply chains, regional manufacturing and digital health platforms
- Guarantees that reduce risk for suppliers and investors
- Outcome-based financing where payments depend on verified results
- Market shaping efforts that strengthen local manufacturing and encourage competition

These mechanisms work best when aligned with national strategies and when public and private actors share risk and incentives.

Case Study: Rwanda – National Results-Based Financing (RBF) System

Rwanda's national results-based financing (RBF) system, introduced in 2006, links payments to independently verified performance indicators in maternal and reproductive health. The approach incentivizes service quality and facility readiness, and has been associated with increases in institutional deliveries, child preventive care visits and improved facility performance.^{xi}

Combining Domestic Financing with Other Forms of Capital

The strongest financing architectures combine national budgets with regional strategies and private investment.

Domestic budgets anchor national ownership and set priorities. Regional coordination, led by institutions such as Africa Centres for Disease Control and Prevention (Africa CDC) and the African Medicines Agency (AMA), reduces procurement fragmentation and supports manufacturing and regulatory coherence.



The African Medicines Agency (AMA) will support regulatory convergence across Member States, reducing fragmentation and improving predictability for manufacturers. Together with the African Continental Free Trade Area and the African Pool Procurement Mechanism led by Africa CDC, this strengthens Africa's ability to scale access to quality-assured medical products within a continental market. So, if you are a manufacturer, it's time to do business in Africa.

Dr. Landry Dongmo Tsague, Director of the Center for Primary Health Care, Africa CDC

Private-sector investment strengthens innovation, infrastructure and operational efficiency.



Local manufacturing is the second independence of Africa.

Dr. Jean Kaseya, Director General, Africa CDC

Africa CDC's leadership in manufacturing, workforce development and procurement reform illustrates how regional platforms can stabilize markets, reduce dependency and improve cost efficiency.



Africa has a market of 1.4 billion people. And because Africa has a market, it is looking to achieve a significant increase in local manufacturing and self-reliance. With AMA in place, Africa aims to manufacture as international standards of quality to serve Africa and the world as does China and India; because of the tech transfer that European companies can bring to Africa, just as they did for India and China. Why not for Africa?

Dr. Landry Dongmo Tsague, Director of the Center for Primary Health Care, Africa CDC

These shifts require financing models that extend beyond annual donor cycles. They depend on stable procurement arrangements, investment in local industry and long-term strategies for training, digital systems and supply chain resilience.

Alternative Capital Pathways: Faith-Aligned and Community Financing

Justice-based and faith-aligned financing approaches, emphasized by global health leaders including **Dr. Alaa Murabit**, Physician and Global Health, Security, and Development Expert, offer additional avenues for mobilizing resources. These approaches draw on community values, diaspora contributions and faith-driven investment to support maternal and reproductive health.

In practice, this refers to financing models that mobilize resources through faith-based institutions, diaspora networks or values-driven foundations to support maternal and reproductive health beyond traditional donor funding.

Case Study: Faith-Aligned Maternal Health Financing – Every Pregnancy

Faith-based actors provide scalable models built on three main pillars: legitimacy, proximity and trust. Many donors have overlooked this potential. Dr. Alaa Murabit recognized this when she created and launched For Mama in 2022 (now Every Pregnancy), a faith-led philanthropic initiative for maternal and infant health that engages with faith leaders not only as delivery agents but also as fundraising and advocacy partners.^{xii}

The Emerging Model: Financing That Builds Systems

The shift from funding to sustainable financing represents a fundamental reconfiguration of how reproductive health systems are strengthened. The emerging model prioritizes:

- National leadership over priorities and investment decisions
- Predictable multi-year resource flows
- Integrated budgets that support long-term planning
- Risk sharing between public and private actors
- Regional coordination for procurement and manufacturing
- Transparency in reporting and results
- Co-investment from African partners, Germany, the European Union and private investors
- Diversified capital sources beyond traditional donors

Financing reproductive health is therefore not a narrow fiscal exercise. It is a strategic investment in demographic stability, economic growth and national resilience.

The following section explores how these financing approaches translate into delivery innovation and system-wide results.



Tech innovation can show you impact, but systems innovation and financing is what shifts things at scale.

Dr. Alaa Murabit, Physician and Global Health, Security, and Development Expert



Innovation, particularly through the digitalization of health systems, is essential. It enables us to build systems that are more resilient, more efficient, and better equipped to serve and support our communities.

Prof. Awa Marie Coll-Seck, Chair of Galien Africa, former Senior Minister to the President of Senegal and former Minister of Health of Senegal

Innovation in reproductive health is most effective when it strengthens systems rather than introducing isolated tools. Leaders interviewed for this publication emphasized that innovation succeeds when it responds to real constraints and reflects how communities navigate services in practice.

The most effective innovations emerging across the continent are shaped by African priorities, informed by women and communities, and integrated into national delivery arrangements.

Innovation Begins with Context

During the interviews, African practitioners and policymakers consistently highlighted that innovation must begin with context. It works when it responds to geography, workforce realities, community norms and service delivery constraints. It fails when external models are introduced without grounding in local experience. This principle extends to the role of development partners. **Dr. Borna Nyaoke-Anoke** observed that fragmentation and overlapping initiatives often weaken innovation rather than strengthen it.



Everyone is working toward their own priorities, which leads to duplication across countries. In places like the DRC, Kenya and Ethiopia, you see different organizations running the same activities in the same areas. We need a way to bring these efforts together.

Dr. Borna Nyaoke-Anoke, Head of Mycetoma Global Program, Drugs for Neglected Diseases initiative (DNDi) – Africa Regional Office



[Countries like Nigeria] also need to close the gap between innovation and implementation by scaling proven solutions, like AI-driven health platforms, community midwifery, and reliable contraceptive supply chains.

Dr. Adanna Steinacker, Senior Special Assistant to the President of Nigeria on Women's Health

Digital Innovation that Strengthens Systems

Digital tools are expanding rapidly across reproductive health services, particularly where physical infrastructure remains limited. Mobile platforms, Artificial Intelligence, digital diagnostics and electronic records have enabled quicker referrals, improved continuity of care and more timely data.

Dr. Landry Dongmo Tsague, Director of the Center for Primary Health Care, Africa CDC, highlighted the use of digital tools by community health workers to enable real-time data collection, strengthen links between households and health facilities, and support timely referral and decision-making within primary health care systems.



With regard to funding cuts and low-resource settings, we see situations where women have to wait two weeks to a month just to see a community health worker or a doctor for a maternal-related consultation. What Artificial Intelligence can do is stretch the line of care, providing much-needed life-saving information when no doctor is available. And at the same time, it can create efficiency for community health workers who often have to attend to many people at once.

Yvonne Baldwin Mushi, CEO & Co-Founder, Ele-vate AI Africa

Case Study: Maternal and early childhood support through AI – MamaMate

MamaMate is the world's first solar-powered, AI-enabled maternal and early childhood support device that works fully offline, requiring no internet connection, no smartphone, and no literacy skills. Co-designed by African midwives and verified by medical professionals and mother's themselves, MamaMate is designed with data from Africa.

Available in local languages, MamaMate bridges the information gap for women in last-mile communities offering trusted voice-based guidance on I. safe pregnancy and childbirth practices, II. early warning signs of complications, III. newborn care and nutrition, and IV. emergency preparedness and health rights.

Umra Omar, Founder, Safari Doctors, emphasized that digital approaches contribute most when they generate evidence about what improves outcomes for communities. The value of digitalization depends on clear standards, trained personnel and integration into national information systems. Without these foundations, digital tools risk creating new layers of fragmentation rather than reinforcing the system.

Case Study: Zambia’s SmartCare Electronic Health Records System

Zambia’s SmartCare platform is one of Africa’s longest-running national digital health records systems. Initially launched to strengthen HIV- and maternal health services, it allows facilities to capture client information electronically, track continuity of care, and support clinical decision-making. Its integration into national systems, combined with long-term government leadership, has enabled gradual scale-up across multiple provinces.^{xiii} The example illustrates how digital innovation delivers impact when built on national ownership, clear standards, and sustained investment.

Case Study: SEMA (Shaping Equitable Market Access for Reproductive Health)

SEMA is a private-sector initiative that partners with governments, donors and local manufacturers to strengthen sexual and reproductive health supply chains. The platform coordinates forecasting, procurement and inventory management across multiple countries, reducing fragmentation and improving product availability. Since 2021, SEMA has mobilized over 50 million USD in coordinated investment for supply chain infrastructure.^{xiv}

Community Networks: Africa’s Most Scalable Resource

Community networks remain one of the continent’s most significant cornerstones for reproductive health innovation. Women’s groups, youth associations, community educators and local savings cooperatives create trust and provide vital links between households and services.

Umra Omar described community health workers as “**the heartbeat of the African woman,**” capturing their central role in mobilizing communities and supporting care. From a clinical perspective, **Dr. Victoria Gamba**, Independent Consultant, Obstetrician Gynecologist/Implementation Scientist, highlighted the importance of listening. “**When women feel listened to or heard, even just being asked what is keeping them up at night, everything changes,**” she said. “**You immediately get their buy-in.**”

Community-rooted models have the potential to scale because they build on existing structures rather than creating new ones. Yet without partners capable of mobilizing resources and carrying proven solutions beyond the pilot stage, that potential remains constrained.



Where are the small pilot studies? There are examples from Mozambique, Uganda, and Botswana, but they're small-scale. This is where partners would have the power to galvanize resources at a scale that can push those small-scale solutions forward.

Dr. Adaeze Oreh, Commissioner for Health, Rivers State Ministry of Health, Port Harcourt, Nigeria



Case Study: Rwanda's National Community Health Worker System

Rwanda's community health worker network is widely recognized as one of the most effective models for delivering reproductive, maternal and newborn care. Community health workers are trained, supervised and embedded within national protocols, with defined referral pathways to facilities. Their role includes antenatal follow-up, family planning counselling and early identification of complications. The strength of this model lies in its integration with national systems rather than reliance on parallel, donor-funded initiatives.^{xv xvi}

Clinical Innovation: Proven, Practical Improvements

Clinical innovation continues to demonstrate real gains in reproductive and maternal health.



If I had to prioritize any aspect of the patient journey, it would be what would actually, in the long term, keep the patient healthy. [...] I would be looking at all the areas of prevention, predictive diagnostics and patient awareness.

Dr. med Sara Nasser MRCOG, Gynecological Oncologist, Charite Comprehensive Cancer Center, Berlin/Germany & Fondazione Policlinico Gemelli IRCCS, Rome/Italy & Vice-President, Pan-Arabian Research Society of Gynecologic Oncology (PARSGO e.V.)

Simplified protocols, preventive interventions, and the redistribution of clinical tasks can improve safety, reduce delays, and extend the reach of care.

Dr. Victoria Gamba highlighted emerging evidence on preventive treatment for post-partum hemorrhage, which significantly reduces bleeding risk when administered before delivery. These innovations deliver the greatest impact when supported by training, supervision, and a consistent supply of essential commodities.

Case Study: Zipline Drone Delivery in Rwanda

In 2016, the government of Rwanda contracted Zipline to establish drone delivery of blood products to health facilities throughout the country.^{xvii} Over 80% of Rwanda's population lives in rural areas, and supply chains face significant constraints for time-sensitive deliveries such as blood products.^{xviii} Since implementation, Zipline has reduced blood delivery times from four hours to 15 minutes in some cases, demonstrating how targeted technology can address specific infrastructure gaps when integrated with national health systems.^{xix}

Regional Collaboration: Solutions that Cross Borders

Regional collaboration is accelerating the spread of effective practices.



A colleague from Egypt will advise a colleague from Sudan on how to treat a woman with ovarian cancer ... It is just beautiful to see that that is the discussion that is happening, self-discussion.

Dr. med Sara Nasser MRCOG, Gynecological Oncologist, Charite Comprehensive Cancer Center, Berlin/Germany & Fondazione Policlinico Gemelli IRCCS, Rome/Italy & Vice-President, Pan-Arabian Research Society of Gynecologic Oncology (PARSGO e.V.)

Clinicians and program managers are increasingly sharing knowledge directly across borders, strengthening capacity without relying on external intermediaries. This peer-to-peer exchange reflects a shift toward African-led technical collaboration.

Public-Private Collaboration: Complementary Strengths

Governments and private actors are increasingly collaborating to support innovation at scale. Private firms contribute logistics capacity, technology platforms and investment, while governments provide a policy direction and oversight.



Private actors now have a seat at the table.

Dr. Amit Thakker, Executive Chairman, Africa Health Business



When aligned with national priorities, private capabilities can complement public delivery systems.

Dr. Roopa Dhatt, Executive Director Emerita and Co-Founder, Women in Global Health & Assistant Clinical Professor, Stanford University

From Pilots to Systems

A recurring theme across interviews was the difficulty of moving from pilot projects to a national scale.



Platforms are frequently deployed without the necessary investment in the systems that sustain them. As a result, they remain experimental pilots that end quickly and can never really scale.

Dr. Alaa Murabit, Physician and Global Health, Security, and Development Expert

Barriers to scale include short-term funding cycles, weak policy integration, insufficient training, limited quality assurance and fragile supply chains. Successful scaling requires sustained funding commitments, clear policy frameworks, trained personnel and early government ownership.



Sometimes the innovation is not innovation in technology. Sometimes it is innovation in thinking.

Dr. Adaeze Oreh, Commissioner for Health, Rivers State Ministry of Health, Port Harcourt, Nigeria

The most promising innovations in reproductive health are those that reinforce national systems, extend reach equitably and remain functional under real constraints. They strengthen health systems' resilience and reduce reliance on short-term external projects. This is the model of innovation shaping the future of reproductive health in Africa.

The innovations highlighted in this section demonstrate what is possible with context-driven approaches.

But innovation alone is not enough. Transforming reproductive health outcomes depends on how governments, regional institutions and partners translate these models into sustained practice.



What we lack is not women's contribution, it is women's power. Women make up most of the health and care workforce. They already think about the health and wellbeing of everyone. When women are placed in leadership, decision-making, and innovation roles, the result is not incremental change, it is structural transformation of health systems. That is how we close the women's health gap across the life course.

Dr. Roopa Dhatt, Executive Director Emerita and Co-Founder, Women in Global Health & Assistant Clinical Professor, Stanford University



There are commodities on maternal health that most people use in Africa – commodities that reduce maternal and child mortality. If we can produce that on the continent with German technology, Germany will have contributed significantly in health sovereignty.

Dr. Landry Dongmo Tsague, Director of the Center for Primary Health Care, Africa Centres for Disease Control and Prevention (Africa CDC)

The relationship between African governments, Germany, the European Union, and the private sector is shifting from a donor-recipient model to a partnership grounded in shared strategic interest. Demographic change, economic opportunity, health security and geopolitical realignment are reshaping how collaboration must evolve. Africa's rapidly expanding working-age population offers significant potential, but whether it becomes an economic dividend or a source of instability will depend on the strength and resilience of reproductive health systems.



There is a role for Germany, and that role is the shared security space, because we are as safe as the weakest. If you have a weak health system in Angola or Congo or in Chad, then we are all unsafe.

Dr. Githinji Gitahi, Group CEO, Amref Health Africa

For Germany and Europe, reproductive health is not peripheral; it shapes labor markets, trade, innovation, migration and long-term stability.



If we are going to talk about mutual interest, then let us be honest about what the interest actually is.

Dr. Alaa Murabit, Physician and Global Health, Security, and Development Expert

African partners are also diversifying their alliances in a changing geopolitical landscape. This reflects a broader trend of diversified partnerships rather than alignment with any specific bloc.



I do not think the fact that funding is being withdrawn is necessarily negative or a setback. It is forcing everyone to pivot. There is enough money around, it is just about thinking outside the box, maybe reorganizing priorities for where this money should go. It means looking at other sources, other regions of the world that were never considered before when funding reproductive health, regions that are now ready to be involved and are trying to step up. That is where growth happens, when you are forced to pivot and bring new stakeholders into the conversation.

Dr. med Sara Nasser MRCOG, Gynecological Oncologist, Charite Comprehensive Cancer Center, Berlin/Germany & Fondazione Policlinico Gemelli IRCCS, Rome/Italy & Vice-President, Pan-Arabian Research Society of Gynecologic Oncology (PARSGO e.V.)

Germany and Europe can distinguish themselves through the quality of engagement rather than the volume of financing. Co-investment, co-creation and alignment with African-led strategies offer a partnership approach that supports long-term system resilience.

Co-Investing in Essential Health Systems

Interviewees consistently emphasized that reproductive health cannot be strengthened through fragmented projects or unpredictable funding cycles. System resilience requires aligned, long-term investment that supports national priorities.



International partners, especially in Europe, should provide predictable multi-year financing, invest in regional manufacturing and coordinate to plug gaps left by other donors. Above all, they must ensure that investments embed gender and equity metrics.

Zubaida Bai, Senior Advisor and Board Member, Former President & CEO, Grameen Foundation

A long-term partnership means more than financing. It includes joint strategy-setting, the use of national systems, and the strengthening of domestic institutions rather than the creation of parallel structures.



I would be urging Germany and the European Union to look at those countries that are heavily indebted with very low health expenditure and intentionally target the health of women and girls.

Ann Keeling, Former Senior Fellow, Women in Global Health

Germany and Europe can add significant value by supporting procurement arrangements, workforce training, digital infrastructure and essential service delivery, all aligned with national plans, so that countries can expand access, improve service quality and build resilience across the entire health system.



I would say to partners in Germany and Europe to be mentally open to opportunities and new ways of doing things.

Dr. Adaeze Oreh, Commissioner for Health, Rivers State Ministry of Health, Port Harcourt, Nigeria

Public De-Risking to Unlock Private Investment

Private investment is essential for expanding access, strengthening supply chains and modernizing infrastructure. Yet high perceived risk continues to limit investment in many markets. Public de-risking mechanisms can shift this dynamic by creating predictable, coordinated pathways for private capital.^{xx}



There is a lot of room for the private sector ... to do more structured and systematic financing for things like implementation research and local innovation, especially for women's health.

Dr. Roopa Dhatt, Executive Director Emerita and Co-Founder, Women in Global Health & Assistant Clinical Professor, Stanford University

Germany and the European Union, through institutions such as the Development Bank of Germany (KfW), the European Investment Bank (EIB), and others, are well-positioned to catalyze private investment. Guarantees, first-loss capital, technical assistance and co-investment structures can lower barriers and attract private capital at scale. African systems benefit from resources that cannot be generated domestically, while European firms access expanding markets with clearly defined risks.

A New Opportunity for Blended Finance

SCALED^{xxi}, a platform launched at the “Fourth International Conference on Financing for Development” in Seville and supported by Germany and other partners, aims to expand blended finance for health, climate and essential infrastructure.

For reproductive health, SCALED could: coordinate development finance institution (DFI) engagement; provide guarantees and risk-sharing; mobilize public capital to align with private capital; and align investments with national priorities.

Germany could champion reproductive health within SCALED and demonstrate how blended finance can strengthen systems.

Strengthening Regional Manufacturing and Supply Chain Resilience

The 2025 funding contraction revealed how dependent reproductive health systems remain on global supply chains. African leaders repeatedly highlighted the need for reliable access to contraceptives, maternal health commodities and essential medicines, and the importance of building regional manufacturing capacity.

Building regional manufacturing requires regulatory harmonization, technology transfer, logistics capacity, workforce development and robust quality assurance systems. Together, these elements create a resilient, predictable supply-and-support system.



Africa should not be the trading ground but could be a manufacturing ground.

Dr. Amit Thakker, Executive Chairman, Africa Health Business

Germany’s comparative strengths in pharmaceutical regulation, quality assurance and industrial partnerships align directly with African priorities for regional manufacturing.

Africa CDC continues to emphasize regional coordination, regulatory reform and African-led priority setting as central to strengthening manufacturing systems.^{xxii}



Data is often missing, which is precisely why developed countries must clearly state: 'We are ready to support you on this issue.' Reliable data is fundamental. We cannot continue to design strategies or implement interventions without concrete, robust evidence on which to build our actions.

Prof. Awa Marie Coll-Seck, Chair of Galien Africa, former Senior Minister to the President of Senegal and former Minister of Health of Senegal

Data systems for supply chains, cost tracking, human resources, service delivery and outcomes form the foundation of resilient health systems. At a time of growing fiscal pressure, epidemiological transition and rising expectations from citizens, countries cannot rely on past models of health system management. Digital transformation and data-driven governance are no longer optional; they are necessary to enable systems to adapt, reform and move forward. Without reliable data, planning, resource allocation and accountability are weakened.

Beyond efficiency and reform, resilient health systems also rest on social legitimacy and trust. Data and digital systems shape not only how resources are allocated, but whose needs are recognized, whose voices are counted and whose outcomes are prioritized. When systems fail to capture gendered or community-level realities, they risk reinforcing exclusion rather than correcting it.

Germany brings recognized experience in areas such as data governance, digital health architecture and regulatory frameworks. Investment in these invisible systems improves efficiency, strengthens domestic financing, enhances equity, and supports innovation. It also reinforces the basis for blended finance and private investment.

Policy Coherence and African Leadership in Priority Setting

A clear message across interviews is that the partnership must align with African-led priorities. Credibility requires coherence within Europe and consistency between European commitments and African strategies. European engagement should reinforce, not override, national and community decision-making.



When we say that countries are in the driving seat, this must be more than a slogan—it must be a reality. While partners may come with their own preferences, it is countries and communities that must ultimately define what is best for them.

Prof. Awa Marie Coll-Seck, Chair of Galien Africa, former Senior Minister to the President of Senegal and former Minister of Health of Senegal

This requires predictability, humility and alignment with national governance systems.

Private Sector Participation: From Corporate Responsibility to Co-Creator

Private firms already deliver a significant share of health services and supply chain operations across the African continent. Their capabilities in logistics, manufacturing, technology and innovation are essential to expanding access and strengthening reproductive health systems.

For Germany and Europe, African markets represent a long-term strategic opportunity. For African governments, private-sector capability can support resilience and improve efficiency. Blended finance, regulatory clarity and co-investment platforms can shift the private sector from corporate responsibility toward a genuine role as a co-creator of resilient health systems. The question is not whether the private sector will participate, but whether its participation strengthens systems rather than fragments them.

What Effective Partnership Looks Like

Across interviews, the principles of credible partnership were consistent:

- Predictable, multi-year commitments
- Co-financing that reflects shared responsibility
- African leadership in setting priorities
- Private sector engagement aligned with equity and public interest
- Technology transfer that strengthens national systems
- Transparent reporting and data-driven accountability

This agenda is driven by necessity and by opportunity. Africa is reshaping global health, markets and geopolitics. Germany and Europe can engage as co-investors who strengthen systems, support African leadership and help build the foundations for shared prosperity.



If we treat women's reproductive health as expendable in times of crisis, we betray not just this generation but every generation of women who fought to get us here. But if we innovate fearlessly, build alliances that transcend borders and sectors, and refuse to let political turbulence shake our resolve, we can honor their legacy by creating systems so strong that no woman, anywhere, will ever again have to choose between her dreams and her biology.

Zubaida Bai, Senior Advisor and Board Member, Former President & CEO, Grameen Foundation

- I. The 2025 disruption exposed the fragility of the existing model.**

The abrupt withdrawal of USAID funding and continuous ODA reductions showed how vulnerable reproductive health systems on the African continent are when they rely on a small group of bilateral donors.
- II. Domestic resource mobilization is increasing but cannot close the financing gap alone.**

African Governments are strengthening budgets, insurance schemes, and public finance systems, but additional forms of capital are needed to meet growing demand.
- III. Innovation strengthens systems when it aligns with real conditions.**

Digital tools, clinical improvements and delivery innovations are most effective when integrated into national systems rather than implemented as stand-alone pilots.
- IV. Community networks remain one of the strongest delivery assets on the continent.**

Women's groups, youth associations and community health workers create trust, improve follow-up and extend services where formal systems are thin.
- V. The private sector is an essential partner in delivery and innovation.**

Private firms bring logistics, technology, investment and delivery capacity that complement public systems when aligned with national priorities and equity goals.
- VI. Regional manufacturing and supply chain resilience are now strategic priorities.**

Expanding African capacity for contraceptives, essential medicines and health technologies reduces exposure to global disruptions and creates economic opportunity.
- VII. Blended finance is essential for mobilizing private capital at scale.**

Risk-sharing instruments, guarantees and coordinated investment platforms enable private investment in reproductive health infrastructure.
- VIII. Germany and the European Union can lead through strategic co-investment.**

Their comparative strengths include governance, regulation, data systems, manufacturing partnerships and blended finance. Their most important contribution is long-term, predictable, system-focused engagement.

IX. The next phase depends on African leadership supported by strategic co-investment from Germany, the European Union and private actors.

Domestic leadership sets priorities, shapes system design and determines where co-investment can deliver the most sustainable results, while predictable multi-year financing and aligned partnerships can reinforce system resilience.

X. This moment is not a pause. It is a pivot.

A new architecture is emerging, shaped by domestic leadership, diversified financing, and collaboration among African governments, Germany, the EU, and the private sector. The previous model will not return.

CLOSING & OUTLOOK

The traditional aid model is exhausted: financially, politically and conceptually. The disruption of 2025 made this visible in real time. It did not simply reduce funding. It exposed a structural dependency that can no longer sustain the ambitions of African health systems or keep pace with demographic change. What follows will not be a return to the old model. It will require the construction of something fundamentally different: system-based financing, domestic leadership and partnerships grounded in shared strategic interest.



We are still stuck in the cycle of dependency. It is crucial that we ask the right questions. People often say, 'it is time to cut dependency,' but how do you do that in a country whose very survival is threatened by international debt? The real question is: Where should resources and funding be directed to create both immediate impact and lasting change?

Rosebell Kagumire, Editor at AfricanFeminism.com and Co-founder of African Feminist Collective on Feminist Informed Policies (AfIP Collective)

Leaders interviewed for this publication were clear: The speed of the collapse revealed vulnerability, but it also created a rare opening for redesign.



This speed is a catalytic event for us to realign global partnership and global development to the principles of aid effectiveness.

Dr. Githinji Gitahi, Group CEO, Amref Health Africa

Realignment now depends on political choices. African governments will need to expand domestic resource mobilization, embed reproductive health within national strategies and reinforce the data, regulatory and regional systems that underpin resilience. These decisions will determine whether health systems strengthen or remain vulnerable to repeating cycles of volatility.

For Germany and Europe, this moment calls for a pivot from short-term programs to long-term systemic investment: regional manufacturing that reduces supply vulnerability, blended finance structures that mobilize private capital, data systems that strengthen transparency and co-financing arrangements aligned with African priorities. Credibility will rest on predictability, coherence and a willingness to let African leadership drive decision-making.

The private sector also has a central role, one that goes far beyond corporate social responsibility. A rapidly growing population and rising demand for quality services create significant investment opportunities. The question is whether these investments reinforce national systems or fragment them. Effective partnerships will embed transparency, safeguard equity and prioritize long-term system value.



What the private sector is eyeing in Africa is the growing middle class. There are pockets of exciting investment opportunities across countries where medical insurance and corporate coverage are expanding. You have communities willing to pay. And this is where the private sector needs to engage. It is playing into its expansion plan.

Dr. Amit Thakker, Executive Chairman, Africa Health Business

Across all interviews, one message was consistent: This is not a moment for incremental adjustments.



It is hard to believe that aid will shift in a way that is substantial if it is not also reinforced by a complete shift of our global financing architecture, our multilateral system.

Dr. Alaa Murabit, Physician and Global Health, Security, and Development Expert

It is a structural turning point that requires recalibrating assumptions about partnership, risk and resilience. The way collaboration functioned in the past cannot guide the path forward.

Africa's demographic trajectory heightens the stakes. A rapidly expanding working-age population can accelerate economic growth, but only if reproductive health systems enable women and young people to participate fully in society and the economy. Without such systems, demographic change risks deepening inequality and instability.

This publication does not propose a single blueprint. Instead, it reflects what leaders who have been operating across the continent identify as essential: predictable financing, system-building partnerships and governance structures that prioritize long-term resilience over short-term gains. Whether these insights translate into action across governments, parliaments, boardrooms and development institutions

will determine whether the disruption of 2025 becomes an inflexion point or a warning unheeded.



We are all at a point where we know that we need to chart a new course forward.

Dr. Adaeze Oreh, Commissioner for Health, Rivers State
Ministry of Health, Port Harcourt, Nigeria

The window for decisive action is open. It will not remain open indefinitely. The opportunity is substantial. The cost of failing to act would be far greater.

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Global Perspectives

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